

Clear Form

| UNITED STATES DISTRICT COURT<br>NORTHERN DISTRICT OF CALIFORNIA<br>CAND 435<br>(CAND Rev. 02/2015)   |                     |  |  | TRANSCRIPT ORDER<br>Please use one form per court reporter.<br>CJA counsel please use Form CJA24<br>Please read instructions on next page.  |                                  |  |                       | COURT USE ONLY<br>DUE DATE: |                       |  |                       |                                  |                       |                       |
|--|---------------------|--|--|---|----------------------------------|--|-----------------------|-----------------------------|-----------------------|--|-----------------------|----------------------------------|-----------------------|-----------------------|
| 1a. CONTACT PERSON FOR THIS ORDER<br><b>Carrie Parker</b>  |                     | 2a. CONTACT PHONE NUMBER<br><b>(415) 773-6638</b>  |  | 3. CONTACT EMAIL ADDRESS<br><b>cparker@kvn.com</b>  |                                  |  |                       |                             |                       |  |                       |                                  |                       |                       |
| 1b. ATTORNEY NAME (if different)<br><b>Robert A. Van Nest</b>  |                     | 2b. ATTORNEY PHONE NUMBER<br><b>(415) 391-5400</b> |  | 3. ATTORNEY EMAIL ADDRESS<br><b>rvannest@kvn.com</b>  |                                  |  |                       |                             |                       |  |                       |                                  |                       |                       |
| 4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)<br><b>Keker &amp; Van Nest LLP<br/>633 Battery Street, San Francisco, CA 94111</b>           |                     |  |  | 5. CASE NAME<br><b>Cisco Systems, Inc. v. Arista Networks, Inc.</b>   |                                  | 6. CASE NUMBER<br><b>14-cv-05344-BLF</b> |                       |                             |                       |  |                       |                                  |                       |                       |
| 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) → <input type="checkbox"/> FTR<br><b>Lee-Ann Shortridge</b>                                |                     |  |  | 8. THIS TRANSCRIPT ORDER IS FOR:<br><input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached)<br><input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: Do not use this form: use Form CJA24. |                                  |  |                       |                             |                       |  |                       |                                  |                       |                       |
| 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested, format(s) & quantity and delivery type: |                     |  |  |   |                                  |  |                       |                             |                       |  |                       |                                  |                       |                       |
| a. HEARING(S) (OR PORTIONS OF HEARINGS)  |                     |  | b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.) |   |                                  | c. DELIVERY TYPE (Choose one per line)   |                       |                             |                       |  |                       |                                  |                       |                       |
| DATE   | JUDGE<br>(initials) | TYPE<br>(e.g. CMC)                                 | PORTION<br>If requesting less than full hearing,<br>specify portion (e.g. witness or time)         | PDF<br>(email)  | TEXT/ASCII<br>(email)            | PAPER                                    | CONDENSED<br>(email)  | ECF ACCESS<br>(web)         | ORDINARY<br>(30-day)  | 14-Day   | EXPEDITED<br>(7-day)  | DAILY<br>(Next day)              | HOURLY<br>(2 hrs)     | REALTIME              |
| 11/03/2016   | BLF                 | PTC  |  | <input checked="" type="radio"/>  | <input checked="" type="radio"/> | <input type="radio"/>                    | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:   |                     |  |  |   |                                  |  |                       |                             |                       |  |                       |                                  |                       |                       |
| ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).                                   |                     |  |  |   |                                  |  |                       |                             |                       | 12. DATE<br><b>11/04/2016</b>  |                       |                                  |                       |                       |
| 11. SIGNATURE<br><b>/s/ Robert A. Van Nest</b>   |                     |  |  |   |                                  |  |                       |                             |                       |  |                       |                                  |                       |                       |
| DISTRIBUTION:  |                     |  |  |   |                                  |  |                       |                             |                       | <input type="checkbox"/> COURT COPY <input type="checkbox"/> TRANSCRIPTION COPY <input type="checkbox"/> ORDER RECEIPT <input type="checkbox"/> ORDER COPY |                       |                                  |                       |                       |